information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. *Type of Information Collection Request:* Reinstatement with change of a previously approved information collection; *Title of Information Collection:* Rate Increase Disclosure and Review Reporting Requirements; *Use:* Section 1003 of the Affordable Care Act adds a new section 2794 of the PHS Act which directs the Secretary of the Department of Health and Human Services (the Secretary), in conjunction with the states, to establish a process for the annual review of ''unreasonable increases in premiums for health insurance coverage.'' The statute provides that health insurance issuers must submit to the Secretary and the applicable state justifications for unreasonable premium increases prior to the implementation of the increases. Section 2794 also specifies that beginning with plan years beginning in 2014, the Secretary, in conjunction with the states, shall monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange.

Section 2794 directs the Secretary to ensure the public disclosure of information and justification relating to unreasonable rate increases. The regulation therefore develops a process to ensure the public disclosure of all such information and justification. Section 2794 requires that health insurance issuers submit justification for an unreasonable rate increase to both us and the relevant state prior to its implementation. Additionally, section 2794 requires that rate increases effective in 2014 (submitted for review in 2013) be monitored by the Secretary, in conjunction with the states. To those ends the regulation establishes various reporting requirements for health insurance issuers, including a Preliminary Justification for a proposed rate increase, a Final Justification for any rate increase determined by a state or CMS to be unreasonable, and a notification requirement for unreasonable rate increases which the issuer will not implement.

On November 14, 2013, we issued a letter to State Insurance Commissioners outlining transitional policy for non-grandfathered coverage in the small group and individual health insurance markets. If permitted by applicable State authorities, health insurance issuers may choose to continue coverage that would otherwise be terminated or cancelled, and affected individuals and small businesses may choose to re-enroll in such coverage. Under this transitional policy, non-grandfathered health insurance coverage in the individual or small group market that is renewed for a policy year starting between January 1, 2014, and October 1, 2014, will not be considered to be out of compliance with certain market reforms if certain specific conditions are met. These transitional plans continue to be subject to the requirements of section 2794, but are not subject to 2701 (market rating rules), 2702 (guaranteed availability), 2704 (prohibition on health status rating), 2705 (prohibition on health status discrimination) and 2707 (requirements of essential health benefits) and the because the single risk pool (1311(e)) is dependent on all of the aforementioned sections (2701, 2702, 2704, 2705 and 2707), the transitional plans are also exempt from the single risk pool The Unified Rate Review Template and system are exclusively designed for use with the single risk pool plan, and any attempt to include non-single risk pool plans in the Unified Rate Review template or system will create errors, inaccuracies and limitations on submissions that would prevent the effectiveness of reviews of both sets of non-grandfathered plans (single risk pool and transitional). For these many reasons, we are requiring issuers with transitional plans that experience rate increases subject to review to use the Rate Review Justification system and templates which were required and utilized prior to April 1, 2013. *Form Number:* CMS–10379 (OCN: 0938–1141); *Frequency:* Annual; *Affected Public:* Private Sector, State Governments; *Number of Respondents:* 81; *Number of Responses:* 359; *Total Annual Hours:* 1,880. (For policy questions regarding this collection, contact Doug Pennington at 410–786–1553.)

2. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* Medicare/Medicaid Psychiatric Hospital Survey Data; *Use:* The CMS–724 form is used to collect data that is not collected elsewhere and assists us in program planning and evaluation and in maintaining an accurate database on providers participating in the psychiatric hospital program. *Form Number:* CMS–724 (OCN: 0938–0378); *Frequency:* Annually; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 500; Total *Annual Responses:* 150; *Total Annual Hours:* 75. (For policy questions regarding this collection contact Donald Howard at 410–786–6764.)

Dated: December 23, 2013.

Martique Jones,

Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2013–30994 Filed 12–26–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10500 and CMS–10515]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by *January 27, 2014.*

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of

Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 *OR* Email: *OIRA_submission@omb.eop.gov*.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* New collection (Request for a new control number); *Title of Information Collection:* Outpatient and Ambulatory Surgery Experience of Care Survey; *Use:* We will use the information collected through the field test to inform the development of a larger national survey effort, including development of the final survey instrument and data collection procedures. Looking toward the survey development specifically, the data collected in this survey effort will be used to conduct a rigorous psychometric analysis of the survey content. The goal of such an analysis is to assess the measurement properties of the proposed instrument and sub-domain composites created from item subsets, to assure the information reported from any future administrations of the survey is well-defined. Such careful definition will prevent data distortion or misinformation if they are publicly reported. Data collection procedures will also be fine-tuned during this field test. The 30-day PRA package has been revised since the publication of the 60-day **Federal Register** notice on October 4, 2013 (78 FR 61848). (*Form Number:* CMS–10500 (OCN: 0938-New); *Frequency:* Once; *Affected Public:* Individuals and households; *Number of Respondents:* 2,304; *Total Annual Responses:* 2,304; *Total Annual Hours:* 384. (For policy questions regarding this collection contact Caren Ginsberg at 410–786–0713.)

2. *Type of Information Collection Request:* New collection (request for a new OMB control number); *Title of Information Collection:* Payment Collections Operations Contingency Plan; *Use:* Under sections 1401, 1411, and 1412 of the Affordable Care Act and 45 CFR part 155 subpart D, an Exchange makes an advance determination of tax credit eligibility for individuals who enroll in QHP coverage through the Exchange and seek financial assistance. Using information available at the time of enrollment, the Exchange determines whether the individual meets the income and other requirements for advance payments and the amount of the advance payments that can be used to pay premiums. Advance payments are made periodically under section 1412 of the Affordable Care Act to the issuer of the QHP in which the individual enrolls. Section 1402 of the Affordable Care Act provides for the reduction of cost sharing for certain individuals enrolled in a QHP through an Exchange, and section 1412 of the Affordable Care Act provides for the advance payment of these reductions to issuers. The statute directs issuers to reduce cost sharing for essential health benefits for individuals with household incomes between 100 and 400 percent of the Federal poverty level (FPL) who are enrolled in a silver level QHP through an individual market Exchange and are eligible for advance payments of the premium tax credit. The data collection will be used by HHS to make payments or collect charges from issuers under the following programs: advance payments of the premium tax credit, advanced cost-sharing reductions, and Marketplace user fees. The template will be used to make payments in January 2014 and for a number of months thereafter, as may be required based on HHS's operational progress. *Form Number:* CMS–10515 (OCN 0938–NEW). *Frequency:* Monthly. *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 575. *Total Annual Responses:* 7,475. *Total Annual Hours:* 51,175. (For policy questions regarding this collection contact Jaya Ghildiyal at 301–492–5149.)

Dated: December 23, 2013.

Martique Jones,

Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2013–31015 Filed 12–26–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10510]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB); Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice; correction.

SUMMARY: This document corrects a date in the December 23, 2013, **Federal Register** notice (document identifier: CMS–10510) entitled ''Basic Health Program Report for Health Insurance Exchange Premium.''

FOR FURTHER INFORMATION CONTACT: Jessica Schubel at 410–786–3032.

SUPPLEMENTARY INFORMATION:

I. Background

On December 23, 2013 (78 FR 77469), we published an emergency Paperwork Reduction Act (PRA) notice for the information collection request entitled ''Basic Health Program Report for Health Insurance Exchange Premium.''

While the date requested for OMB approval (January 6, 2014) is correct in the associated PRA package, the date in the December 23, 2013, **Federal Register** notice incorrectly reads ''December 23, 2013.'' This notice corrects that error as follows.

II. Correction

In the **Federal Register** of December 23, 2013, in FR Doc. 2013–30434, on page 77469, in the third column, in the third paragraph, correct the first sentence to read:

We are requesting OMB review and approval of this collection by January 6, 2014, with a 180-day approval period.